



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

RCRA RECORDS CENTER

FACILITY OLIN HUNT SPECIALTY

I.D. NO. RID 095976544

FILE LOC. R-1A

OTHER \_\_\_\_\_

INSTALLATION ADDRESS

• **RID095976544**

**PHILIP A. HUNT CHEMICAL CORPORATION**

**2 WELLINGTON ROAD**

**LINCOLN**

**RI 02865**

**1 WELLINGTON ROAD**

**LINCOLN**

**RI 02865**



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SEMS DocID

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		EPA I.D. NUMBER	
I. EPA I.D. NUMBER		Consolidated Permits Program		EPA I.D. NUMBER	
III. FACILITY NAME		(Read the "General Instructions" before starting.)		EPA I.D. NUMBER	
V. FACILITY MAILING ADDRESS				EPA I.D. NUMBER	
VI. FACILITY LOCATION				EPA I.D. NUMBER	
		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in-situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	SKIP	PHILIP A. HUNT CHEMICAL CORPORATION
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## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	MATTE ROBERT CHIEF ENGINEER	401	333 6114

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE		D. ZIP CODE	
3	1 WELLINGTON ROAD	LINCOLN	RI	02865			

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
5	1 WELLINGTON ROAD	PROVIDENCE	LINCOLN	RI	02865						

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	7	2	8	6
(specify) Photographic developers				(specify) Polymers			
C. THIRD				D. FOURTH			
7	2	8	6	7			
(specify) Couplers				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
8 PHILIP A HUNT CHEMICAL CORPORATION										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify) P (specify)										A 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
E. STREET OR P.O. BOX											
1 WELLINGTON ROAD											
F. CITY OR TOWN										G. STATE H. ZIP CODE	
B LINCOLN										R I 0 2 8 6 5	
										IX. INDIAN LAND	
										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										2 5 6 (specify) Boiler permit									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										2 5 5 (specify) Boiler permit									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

Steve Pozner

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Sheldon L. Green, V. P., Mfg.		Sheldon L. Green		10/17/80	

## COMMENTS FOR OFFICIAL USE ONLY

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